# BENEFITS NEWS

An Information Publication for State of California Employees

# **Open Enrollment is September 15 – October 15**

The 2005 open enrollment period for dental plans, FlexElect reimbursement accounts, and cash options is September 15 through October 15. Changes and enrollments made during this period take effect Jan. 1, 2006.

Do I have to do anything for open enrollment?

## **Dental Plans**

You don't need to do anything unless you want to change plans, cancel coverage, or add/cancel dependents on your plan. If you're not currently enrolled in a dental plan and are eligible to do so, you may enroll during open enrollment.

#### **Reimbursement Accounts**

You may sign up for a FlexElect reimbursement account for medical and/or dependent care expenses. If you currently have an account and want to continue it for 2006, you must re-enroll during open enrollment.

# **Cash Options**

Eligible employees not currently receiving a cash option may enroll during this time. If you already receive a cash option and want it to continue, you don't need to do anything unless you want to cancel or change it. (**Exception:** If you're a Permanent Intermittent employee, you must reenroll during open enrollment if you want to remain in the program next year.)

#### **Dental Plans**

There are three types of dental plans to choose from:

- indemnity
- preferred provider option
- prepaid



**Delta Premier** is the State's indemnity dental plan. It features full access to specialty care and guaranteed benefits. You can see any dentist worldwide, but your benefits are maximized when you receive services from a Delta dentist.

Delta Preferred Provider Option (PPO) is the State's preferred provider plan. It offers services through its network of participating dentists, but you can see any dentist of your choice worldwide if you're willing to pay a higher fee. The PPO has lower copays and higher benefits for many services than the indemnity plan. Your current dentist may be in the PPO network.

 For details on the Delta plans, call 1-800-225-3368 or visit www.deltadentalca.org/state. **PMI** and **Safeguard** are the State's two prepaid plans. If you're covered by a prepaid plan, you must use dentists from that plan's network, located only in California. The monthly premium for a prepaid plan is paid entirely by the State, and most basic services are covered at no cost to you.

For details:

• **PMI:** 1-800-422-4234 www.deltadentalca.org.

• **Safeguard:** 1-800-880-1800 www.safeguard.net.

# **Dental Plan Premiums**

Premiums for both Delta dental plans will increase in 2006 (see the following charts). Premiums for PMI and Safeguard will increase, with the State paying 100% of the premiums for both prepaid plans.

# **2006 Monthly Dental Premiums**

Delta Premier - Basic (for rank-and-file					
employees)					
	Employ	ree Stat	e Total		
	Share	Shar	re Premium <sup>*</sup>	k	
1-party	\$11.68	3 \$35.0	04 \$46.72		
2-party	\$20.57	7 \$61.7	73 \$82.30		
Family	\$29.85	5 \$89.5	\$119.40		
Delta Premier - Enhanced (for excluded					
employees)					
		Total Premium*			
1-party		\$48.63			
2-party		\$96.77			
Family		\$136.17			
Delta Preferred Option (for rank-and-file and				l	
excluded employees)					
	Employee	State	Total		
	Share	Share	Premium*		
1-party	\$10.25	\$30.76	\$41.01		
2-party	\$20.12	\$60.36	\$80.48		
Family	\$30.37	\$91.12	\$121.49		

\* For employees in CoBen, "State share" and "employee share" do not apply. The total premium amount is deducted from the CoBen allowance.

#### **Reimbursement Accounts**

FlexElect reimbursement accounts are a great way to save money for medical and/or dependent care expenses and lower your taxes.

How does it work? You decide an amount of money to be deducted from your paycheck to go into a reimbursement account. This money is not taxable. You reimburse yourself from this account for bills you would otherwise have to pay using taxable income. (See Aug. 2005 issue of *Benefits News* for more on reimbursement accounts.)

## **Medical Accounts**

This account covers certain out-of-pocket health-related expenses for you and your dependents. The minimum monthly deduction is \$10. The maximum is \$5,000/year. Examples of eligible expenses are office visit and prescription copays (but not out-of-pocket premiums), orthodontic work, hearing aids, laser eye surgery, and more.



# **Dependent Care Accounts**

This account covers certain expenses for child and elder care. The minimum monthly deduction is \$20. The maximum (per household) is \$5,000/year.

Read more about reimbursement accounts in the FlexElect handbook, available at DPA's Web site (www.dpa.ca.gov) under Publications. Enrollment forms are available at the back of the handbook, from your personnel office, and on our Web site.



# **Cash Options**

If you have health and/or dental coverage through another source such as your spouse, domestic partner, or former employer, you may choose to receive taxable cash in your paycheck in lieu of your State health and/or dental benefit.

This "cash option" is available to you depending on your classification: excluded employees enroll for the cash option through CoBen, as do rank-and-file employees in Bargaining Units 2, 7, 8, 16, 17, 18, and 19.

Rank-and-file employees in bargaining units not in CoBen enroll in the cash option through FlexElect.

Cash option enrollment forms are available from your personnel office and from the appropriate handbook (FlexElect or CoBen). These forms also are available on DPA's Web site.

# **Consolidated Benefits (CoBen)**

Under the Consolidated Benefits program, or CoBen, eligible employees receive a monthly allowance to pay for health, dental, and vision benefits. All excluded employees and employees represented by Bargaining Units 2, 7, 8, 16, 17, 18, and 19 are in CoBen.

The amount of your CoBen allowance is based on whether you choose coverage for yourself only, or also for a spouse or dependents. If the combined monthly cost of health, dental, and vision benefits is less than your CoBen allowance, you receive the excess amount in your paycheck as taxable income. If the combined cost of these benefits exceeds your allowance, you pay the difference, which shows up as a pre-tax deduction on your paycheck.

(Vision coverage is mandatory and is covered by the CoBen allowance.)



For more information on the 2006 allowance amounts please check with your Personnel Office, DPA's Web site, or your specific bargaining unit Web site.

To help you calculate your benefit cost (or excess cash) under CoBen, DPA has provided an online calculator on our Web site. Go to <a href="https://www.dpa.ca.gov">www.dpa.ca.gov</a> and click on Benefits, then Consolidated Benefits. Scroll down until you see the CoBen calculator and choose the link.

There's also a worksheet in the CoBen handbook that you can use in lieu of the online calculator. The handbook is available from your personnel office and on DPA's Web site, under Publications.



# **For More Information**

#### **DPA Benefits Division**

(916) 322-0300 • CNET 492-0300

# ARAG Group

**Group Legal Services Plan** 

1-800-247-4184

#### **Dental Program**

(916) 324-0525 • CNET 454-0525

Employee Assistance Program MHN (Managed Health Network) 1-866-327-4762

#### FlexElect Program

(916) 327-6429 • CNET 467-6429

#### **Health Promotion Program**

(916) 324-9398 • CNET 454-9398

#### **Merit Award Program**

(916) 324-0522 • CNET 454-0522

#### **Pre-Tax Parking**

(916) 324-0526 • CNET 454-0526

#### **Rural Health Care Program**

(916) 327-1439 • CNET 467-1439

#### **Savings Plus Program**

1-866-566-4777

www.sppforu.com

# Travel & Relocation and Vanpool Programs

(916) 324-0526 • CNET 454-0526

# Vision Service Plan

1-800-877-7195

#### **Workers' Compensation Program**

(916) 445-9792 • CNET 485-9792

# **DPA Fax Numbers**

#### **Benefits Division**

(916) 322-3769 • CNET 492-3769

#### **Savings Plus Program**

(916) 327-1885 • CNET 467-1885

#### **TDD** (Any unit in DPA)

(916) 327-4266 • CNET 467-4266

# **Internet Address**

www.dpa.ca.gov